



# Application for Employment

## Town of Colma

1198 El Camino Real

Colma, CA 94014

☎ (650) 997-8300 Fax (650) 997-8308

### Department Use Only

Date Received \_\_\_\_\_

Accept \_\_\_\_\_

Late \_\_\_\_\_

No \_\_\_\_\_

Interview Date \_\_\_\_\_

Please type or print with blue or black ink.

Position applied for \_\_\_\_\_

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Number and Name Apt. City State Zip

Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Have you ever worked for the Town of Colma? \_\_\_\_\_ If yes, give dates \_\_\_\_\_ Department \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, do you have a work permit from the U.S. Immigration and Naturalization Service? Yes \_\_\_\_\_ No \_\_\_\_\_ Permit No. \_\_\_\_\_ (Proof required)

Type of employment desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ Volunteer \_\_\_\_\_

### EDUCATION

High School Graduate?	Yes _____	No _____	If no, circle highest year completed:											
High School Equivalency?	Yes _____	No _____	1 2 3 4 5 6 7 8 9 10 11 12											
	Name and Location	Major Subjects	Dates	Graduate?	Degree/Cert.									
High School														
College or University														
Graduate School														
Vocational or Spec. Training														
Professional License or Certificate (If applicable)		Certificate Number	Date Issued	Date Expires										

Office Skills: Typing Speed \_\_\_\_\_ Computer programs \_\_\_\_\_

Languages \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been convicted of any violation of the Law, excluding traffic violations? A conviction is not necessarily a bar to employment. Each case will be given individual consideration, based on relevance to the position. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Has your Driver's License ever been suspended or revoked? (Required for positions that require driving.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you related to any person employed by the Town of Colma? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept./Position \_\_\_\_\_

Were you ever discharged or forced to resign from any position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with the present or most recent experience, provide the following information for all employment during the past 10 years. You may attach a resume or a supplemental sheet, but this section must be completed. Include volunteer employment if applicable.

**MAY WE CONTACT YOUR PRESENT EMPLOYER?** Yes \_\_\_\_\_ No \_\_\_\_\_

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			

**CERTIFICATION OF APPLICANT** (Carefully read before signing): I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification or dismissal from employment. I agree to conform to the rules and regulations of my employer. I consent to and authorize the Town of Colma to ask for information concerning me. I further understand that I may be fingerprinted, required to submit to a complete medical examination, to a psychological test and to furnish such proof of age and education as may be requested, or otherwise investigated prior to appointment. I release all parties and persons connected with any request for information from all claims, liabilities, damages for whatever reason arising out of furnishing this information. 0

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_